

EXAMPLE #1

KOSHRC #9999-12
(Enter your case number here)

COMMISSIONER, LABOR CABINET
COMMONWEALTH OF KENTUCKY

COMPLAINANT

VS.

YOUR COMPANY NAME

RESPONDENT

ANSWER

On behalf of your company name here, I deny all violations alleged in the Complaint. I deny these violations because....(give a brief explanation or description).

(Signature)

Your Name
Company Name
Street Address
City, State, Zip
Phone #

Cc: Name of Labor's Attorney
Office of Legal Services
Kentucky Labor Cabinet
1047 US Hwy 127 South
Frankfort, KY 40601

MAIL ORIGINAL TO:

KOSH REVIEW COMMISSION, #4 MILLCREEK PARK, FRANKFORT, KY 40601

EXAMPLE #2

KOSHRC #9999-12
(Enter your case number)

COMMISSIONER, LABOR CABINET
COMMONWEALTH OF KENTUCKY

COMPLAINANT

VS.

YOUR COMPANY NAME

RESPONDENT

ANSWER

On behalf of your company name here, I admit the claims contained in paragraph (insert paragraph number) of the Complaint.

I deny violation of Citation No. (insert citation number), Item No. (insert item number). This item should be dismissed or modified by the Review Commission because...(give explanation).

(Repeat the above paragraph for every individual claim you wish to deny.)

_____(Signature)_____
Your Name
Company Name
Street Address
City, State, Zip Code
Phone #

CC: Name of Labor's Attorney
Office of Legal Services
Kentucky Labor Cabinet
1047 US Hwy 127 South
Frankfort, KY 40601

MAIL ORIGINAL TO:

KOSH REVIEW COMMISSION, #4 MILLCREEK PARK, FRANKFORT, KY 40601